

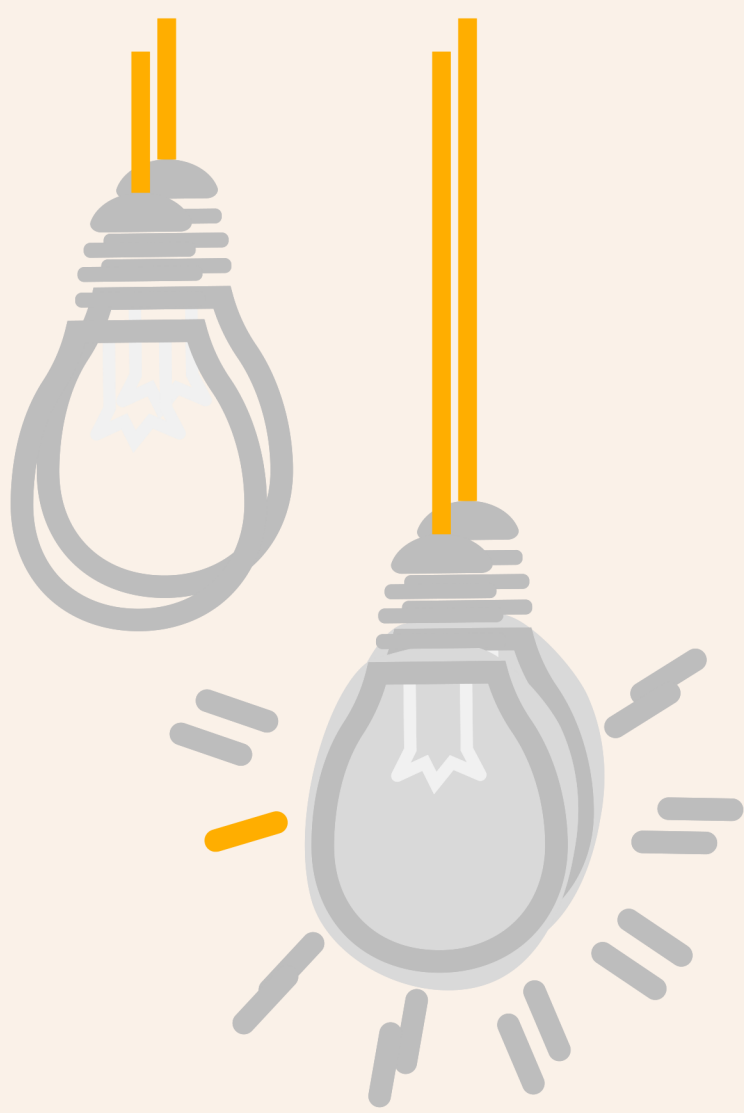
# Reaction to stress and adjustment disorder

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# what is stress?



Stress : is a state of emotional strain or tension caused by demanding circumstances

**Stress affects us all, Stress is everywhere.  
While a little stress is OK -- some stress is actually  
beneficial -- too much stress can wear you down and  
.make you sick, both mentally and physically**



## ● INTERNAL STRESSORS

Illness,  
hormonal  
changes and  
fear

## ● External stressors

Loud noises and  
cold temperature

**STRESSOR : IHT'S THE  
STIMULUS OR EVENT  
THAT CAUSES THE  
INDIVIDUALS TO  
EXPERIENCE STRESS AND  
IT CAN BE :**

## ● DEVELOPMENTAL STRESSORS

## ● situational stressors



# Emotional symptoms of stress

- Becoming easily agitated, frustrated, and moody
- Feeling overwhelmed, like you are losing control or need to take control
- Having difficulty relaxing and quieting your mind
- Feeling bad about yourself (low self-esteem), lonely, worthless, and depressed





# Physical symptoms of stress include:

- Low energy
- Headaches
- Upset stomach, including diarrhea, constipation, and nausea
- Aches, pains, and tense muscles
- Chest pain and rapid heartbeat
- Insomnia
- Frequent colds and infections
- Loss of sexual desire and/or ability
- Nervousness and shaking, cold or sweaty hands and feet
- Dry mouth and difficulty swallowing
- Clenched jaw and grinding teeth





# Cognitive symptoms of stress include

- **Constant worrying**
- **Racing thoughts**
- **Forgetfulness and disorganization**
- **Poor judgment.**
- **Being pessimistic or seeing only the negative side**





# Behavioral symptoms of stress

- **Changes in appetite -- either not eating or eating**

**too much**

- 

- **Avoiding responsibilities**

- 

- **,Increased use of alcohol, drugs**

- **or cigarettes**

- 

- **Exhibiting more nervous**

- **behaviors, such as nail**

- **.biting**



# ON LONG TERM

- **Mental health problems**
- **Cardiovascular disease**
- **Obesity and other eating disorders**
- **Menstrual problems**
- **Sexual dysfunction**
- **Skin and hair problems**
- **Gastrointestinal problems**





- ✓ Your work or school performance is suffering
- ✓ You're using alcohol, drugs, or tobacco to deal with your stress
- ✓ Your eating or sleeping habits change significantly
- ✓ You're behaving in ways that are dangerous to yourself, including self-mutilation
- ✓ You have irrational fears and anxiety
- ✓ You have trouble getting through your daily responsibilities
- ✓ You're withdrawing from friends and family
- ✓ You think about suicide or hurting other people

*It's okay not to be okay all the time*

*When to get help?*



# PHYSIOLOGICAL BODY RESPONSE TO STRESS



Stress response is controlled by the endocrine system (adrenal gland), it results in hormone secretion :

1- **Adrenaline and nor adrenaline**: increase HR, RR, Stroke volume, and depth of breathing. vasoconstriction to skin vessels and vasodilatation to muscle and main organs. Bronchioles dilatation, pupils dilatation, Increase brain blood flow to increase sight.

2- **Cortisol**: increase blood pressure, Increase lipolysis, gluconeogenesis and glycogenolysis

3- **Aldosterone** increase plasma volume by increasing water renal reabsorption and decreasing perspiration



## BRAIN

Difficulty concentrating, anxiety, depression, irritability, mood, mind fog

## CARDIOVASCULAR

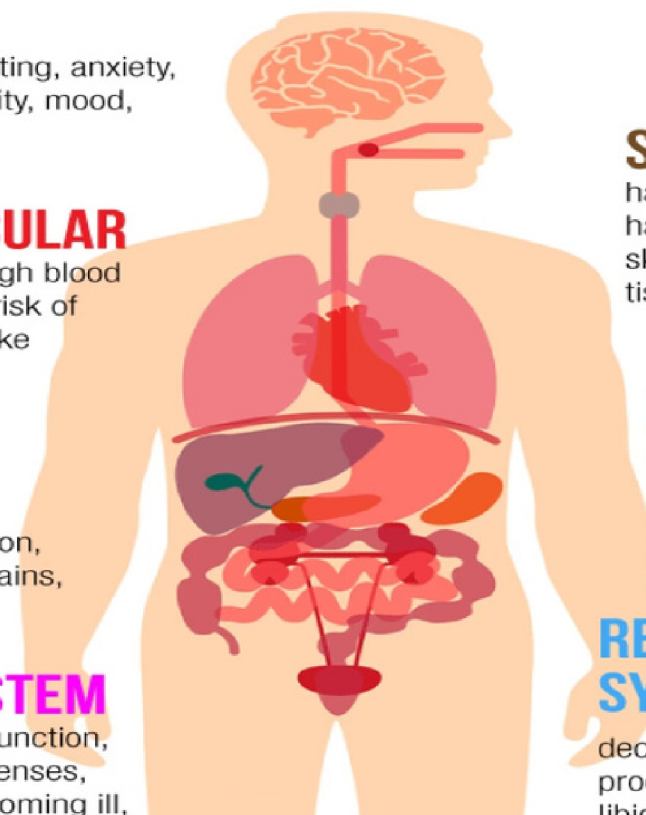
higher cholesterol, high blood pressure, increased risk of heart attack and stroke

## JOINTS AND MUSCLES

increased inflammation, tension, aches and pains, muscle tightness

## IMMUNE SYSTEM

decreased immune function, lowered immune defenses, increased risk of becoming ill, increase in recovery time



## SKIN

hair loss, dull/brittle hair, brittle nails, dry skin, acne, delayed tissue repair

## GUT

nutrient absorption, diarrhea, constipation, indigestion, bloating, pain and discomfort

## REPRODUCTIVE SYSTEM

decreased hormone production, decrease in libido, increase in PMS symptoms



# ACUTE STRESS DISORDER

## EPIDEMIOLOGY:

The point prevalence of acute stress disorder (ASD) following trauma exposure has been estimated at between 5 and 20 percent, depending on the nature and severity of trauma





# **A. EXPOSURE TO ACTUAL OR THREATENED DEATH, SERIOUS INJURY, OR SEXUAL VIOLATION IN ONE (OR MORE) OF THE FOLLOWING WAYS:**

1. Directly experiencing the traumatic event
2. Witnessing, in person, the event as it occurred to others
3. Learning that the event occurred to a close family member or close friend
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event (eg, police officers repeatedly exposed to details of child abuse)



## B. Presence of nine (or more) of the following symptoms from any of the five categories beginning or worsening after the traumatic event(s) occurred

1. Recurrent, involuntary, and intrusive **distressing memories** of the traumatic event(s).

2. Recurrent **distressing dreams** in which the content and/or affect of the dream are related to the event(s).

3. **Dissociative reactions** (eg, flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.

4. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that **symbolize** or resemble an aspect of the traumatic event(s).





# NEGATIVE MOOD

5. Persistent inability to experience positive emotions (eg, inability to experience happiness, satisfaction, or loving feelings).



# DISSOCIATIVE SYMPTOMS

6. An altered sense of the reality of one's surroundings or oneself. ( Derealization, Depersonalization)

7. **Inability to remember** an important aspect of the traumatic event (typically due to **dissociative amnesia** and not to other factors such as head injury, alcohol, or drugs)



# AVOIDANCE SYMPTOMS

8. Efforts **to avoid distressing memories**, thoughts, or feelings about or closely associated with the traumatic event.
9. Efforts **to avoid external reminders** (people, places, conversations, activities, objects, situations) of the traumatic event.

# AROUSAL SYMPTOMS

10. Sleep disturbance (eg, difficulty falling or staying asleep, restless sleep)
11. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
12. Hypervigilance
13. Problems with concentration
14. Exaggerated startle response



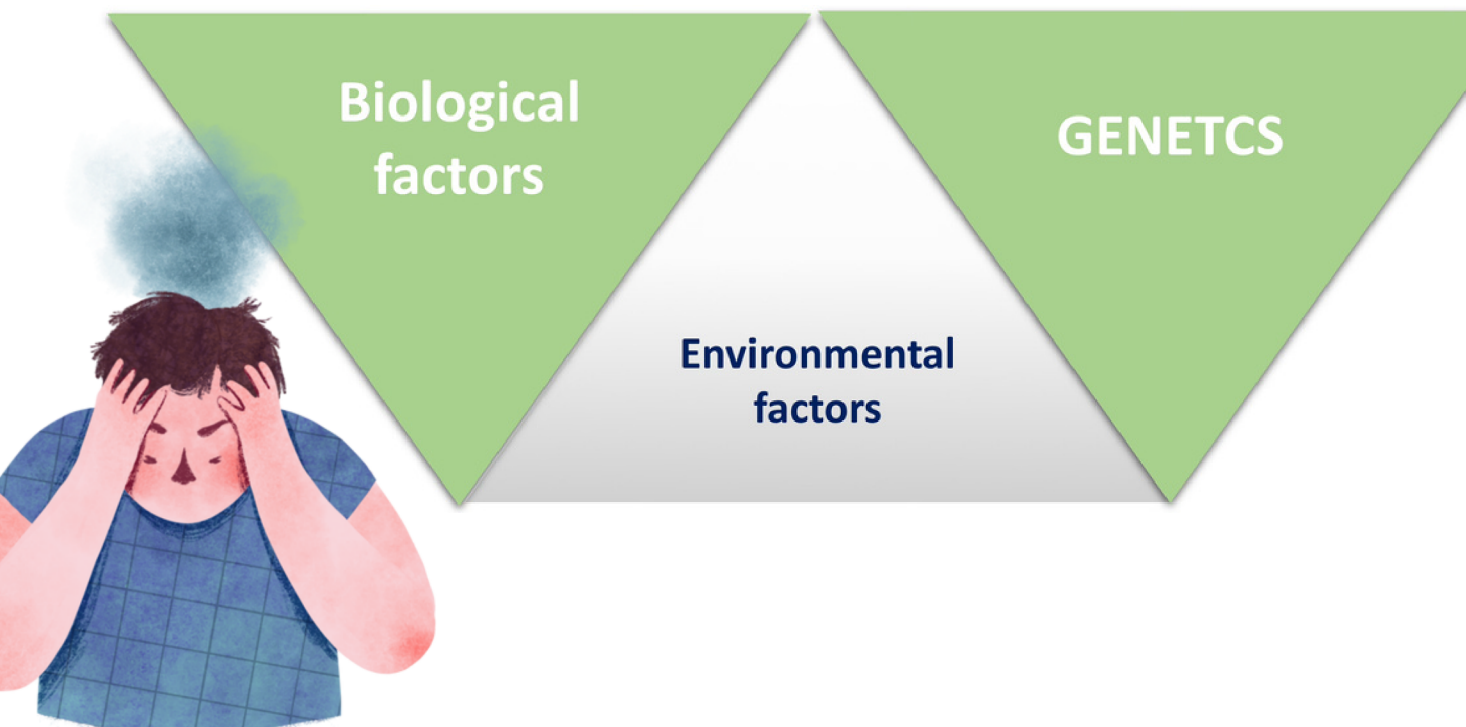


C. Duration of the disturbance (symptoms in Criterion B) is **three days to one month** after trauma exposure.

D. The disturbance causes clinically **significant distress or impairment** in social, occupational, or other important areas of functioning.

E. The disturbance **is not attributable to** the physiological effects of a substance (eg, medication or alcohol) or another medical condition (eg, mild traumatic brain injury) and is not better explained by brief psychotic disorder.

## RISK FACTORS

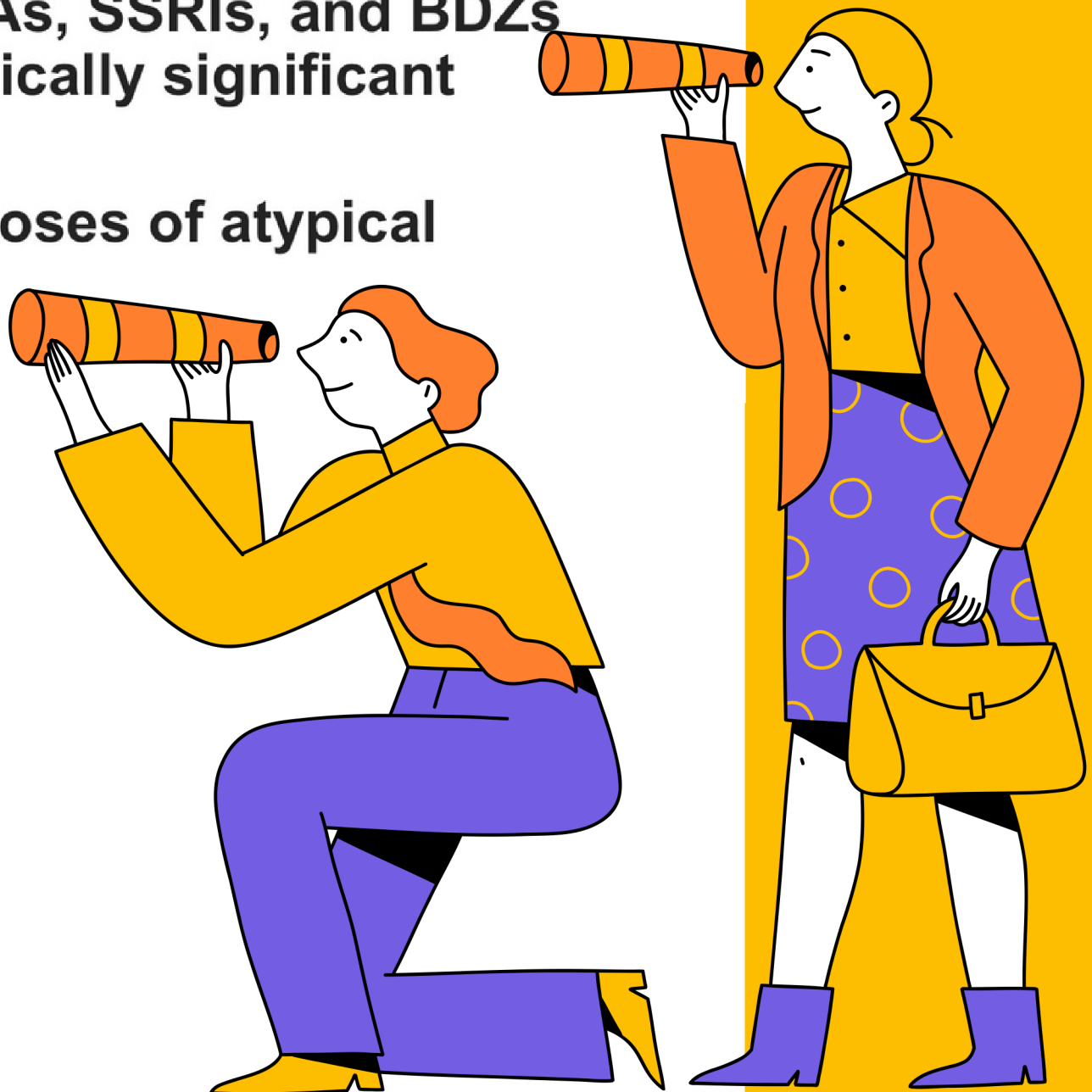




# MANAGEMENT ✦

Cognitive-behavioral therapy (CBT) is the first-line treatment of patients with acute stress disorder (ASD) rather than other psychotherapies or medication.

- **Pharmacological: TCAs, SSRIs, and BDZs** may be useful for clinically significant symptoms.
- **We may need micro doses of atypical antipsychotics.**





# Post Traumatic Stress Disorder ( PTSD )





**PTSD** is characterized by the development of multiple symptoms after exposure to one or more traumatic events

The symptoms last for at least a month and may occur immediately after the trauma or with delayed expression

with clinically significant distress or impairment in social, occupational, or other important areas of functioning

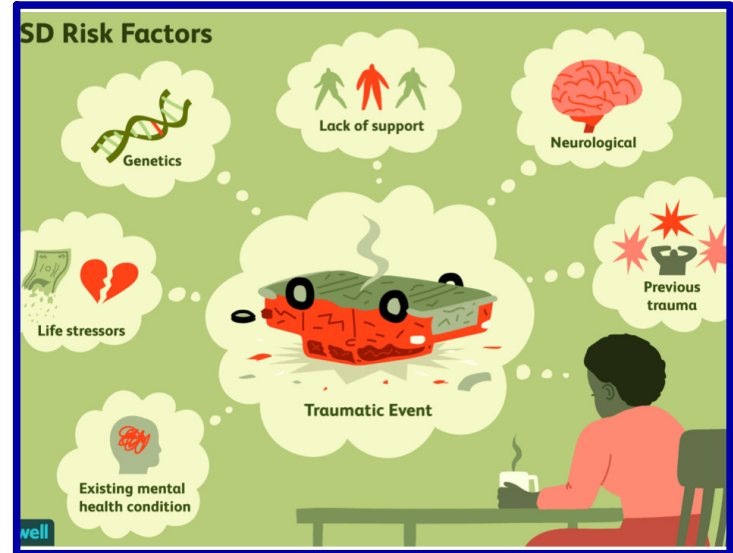
## Epidemiology

- lifetime prevalence of PTSD: > 8%
- higher prevalence in women most likely due to greater risk of exposure to traumatic events, particularly rape and other forms of interpersonal violence

Exposure to prior trauma, especially during childhood, is a risk factor for developing PTSD

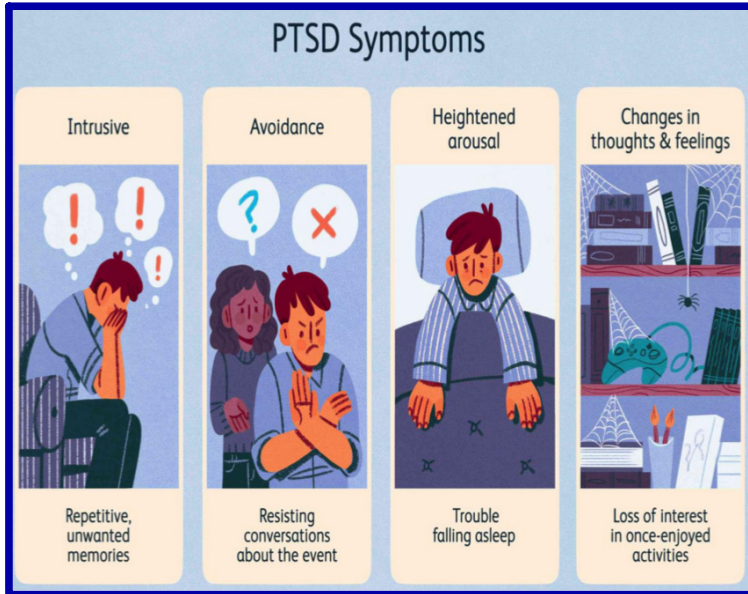
## Etiology

- traumatic event
- reexperience
- avoidance
- unable to function
- month or more of symptoms
- arousal increased





## Symptoms



## Prognosis and course

- Usually the symptoms begin within 3 months after the trauma.
- Symptoms may manifest after a delayed expression.
- Fifty percent of patients with PTSD have complete recovery within 3 months.
- Symptoms tend to diminish with older age.
- 80% of patients with PTSD have a comorbid mental disorder (e.g., MDD, bipolar disorder, anxiety disorder, substance use disorder)



To remember the features of PTSD, think of **"TRAUMMA"**: **T**raumatic event → **R**eexperience, **A**voidance, **U**nable to function, **M**ore than a **M**onth in duration, **A**rousal is increased

## **DSM 5 criteria to diagnose PTSD :**

**The DSM 5 divides PTSD symptoms into :**

- **Exposure to actual or threatened death, serious injuries, or sexual violence by directly experiencing or witnessing the trauma**
- **Recurrent intrusions of re-experiencing the event via memories , nightmares,or dissociative reactions (e.g., flashbacks)**
- **Active avoidance of triggering stimuli ( e.g., memories,feelings,peoples, places,objects ) associated with the trauma**
- **At least two of the following negative cognitions/ mood :**
  - dissociative amnesia , negative feelings of self/other/world**
  - self blame , negative emotions ( fear ,horror , anger guilt )**
  - anhedonia , feelings detachment**
  - inability to experience positive emotions**



- **At least two of the following symptoms of increased arousal / reactivity :  
hypervigilance ( constantly in guard ) ,  
hyperarousal ( exaggerated startle response ) which in turn lead to :  
irritability / angry outbursts, impaired concentration and insomnia**
- **Symptoms not caused by the direct effects of a substance or another  
medical condition**
- **Symptoms result in significant impairment in social or occupational  
functioning**
- **The presentation differs in children < 7 years of age**

# How do children and teens react to trauma?

Children and teens can have extreme reactions to traumatic events, but their symptoms may not be the same as those seen in adults. In children younger than age 6, symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to talk or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult





# Treatment

## Psychotherapy

- specialized forms of CBT ( e.g., exposure therapy ,cognitive processing therapy)
- supportive and psychodynamic therapy
- family therapy



## Pharmacological

- first line antidepressant :  
SSRIs ( setraline ,citalopram ) or  
SNRIs ( venlafaxine )
- Przosin,  $\alpha 1$ -receptor antagonist ,targets nightmares and hypervigilance
- may augment with atypical ( second - generation ) antipsychotic in severe cases
- benzodiazepines treat anxiety and hyperarousal
- but ,shouldn't be used for prolonged time to prevent addictive effect

- **Note:** Early treatment of PTSD may prevent chronicity.
- Drug therapies have generally been most effective in decreasing, hyperarousal and mood (irritability, anger, depression)



## adjustment disorder



Depression



Anxiety



Phobias



Personality Disorder



Psychotic Disorder



Post-traumatic Stress Disorder

# Adjustment Disorder

What are

## Adjustment Disorders

and how can we help?

feeling depressed

tired but can't sleep

impulsive behavior

trouble focusing

anxious

easily agitated



- **Situational depression**
- **Occur when behavioral or emotional symptoms develop after a non-life-threatening , stressful life event ( e.g., divorce , death of a loved one , or loss of a job )**
- **If stressor removed , condition improves**

## **Epidemiology**

**2-8 % of general population**

**up to one third of patients with a cancer diagnosis develop this disorder**

**F : M 2:1**

## **Etiology**

**Triggered by psychological factors**

- Not diagnosed when criteria of other disease present.

- **Symptoms** are coded based on a predominance of either :

- ✓ depressed mood

- ✓ anxiety

- ✓ mixed anxiety and depression

- ✓ disturbance of conduct (such as aggression)

- ✓ or mixed disturbance of emotions and conduct.

- **Classifications**

- Single

- Multiple

- Recurrent – “*Seasonal*”

- Continuous – “*Living arrangements*”

- Developmental Events – “*Milestones*”



## Diagnostic Criteria : DSM-5 Criteria

- **A.** *The development of emotional or behavioral symptoms in response to an identifiable stressor(s) **occurring within 3 months** of the onset of the stressor(s)*
- **B.** *These symptoms or behaviors are clinically significant as evidenced by either of the following:*
  - *Marked distress that is in excess of what would be expected from exposure to the stressor*
  - *Significant impairment in social or occupational (academic) functioning*
- **C.** *The stress-related disturbance does not meet criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder*
- **D.** *The symptoms do not represent normal bereavement*
- **E.** *Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than **an additional 6 months***

### • **3 SSNN 6**

- **3 months** since a stressor
- **Symptoms** (Behavioral and/or emotional)
- Significant impairment
- Not normal bereavement
- **Not another mental disorder**
- *Doesn't last longer than 6 months*

# Treatment

- Psychotherapy **Most Effective**
  - First-line treatment: **cognitive-behavioral therapy** or **psychodynamic psychotherapy**
  - May be provided as individual, family, or group support therapy
  - Interpersonal psychotherapy
- Pharmacotherapy
  - SSRIs: depressed mood
  - Benzodiazepines: anxiety or panic attacks
  - Benzodiazepines or other sedative-hypnotic agents (e.g., zolpidem): insomnia

psychotherapy alone is usually sufficient in patients with adjustment disorder who have no other disabling symptoms, pharmacotherapy may be used when psychotherapy has little or no effect.

## Adjustment Disorder

VS

## Depression

- Resolves under 6 months
- Can solved on its own
- The causes are usually identifiable such as losing a job
- Treatment is usually psychotherapy

- Can persist for years
- Needs professional treatment
- The causes can be complicated and unidentifiable
- Has a combination of psychotherapy and pharmacotherapy

**adjustment disorder** has similar symptoms to depression, although five symptoms must be experienced within two weeks for an official diagnosis, while **depression** has several symptoms.